

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

ORRINPAC

ADDRESS (number and street)

PO BOX 3986

☐ Check if different
than previously
reported. (ACC)

Washington

DC

20027

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00235572

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer STANLEY R. DE WAAL

Signature of Treasurer

STANLEY R. DE WAAL

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ORRINPAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
07		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
07		31		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2014</div>		<div>400491.98</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>496583.28</div>	
(c) Total Receipts (from Line 19)	<div>81575.00</div>	<div>411226.70</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>578158.28</div>	<div>811718.68</div>
7. Total Disbursements (from Line 31).....	<div>27088.11</div>	<div>260648.51</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>551070.17</div>	<div>551070.17</div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ORRINPAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
07	/	31	/	2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1000.00

55500.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1000.00

55500.00

(b) Political Party Committees

0.00

338.27

(c) Other Political Committees

(such as PACs).....

70600.00

326100.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

71600.00

381938.27

12. Transfers From Affiliated/Other

Party Committees.....

9975.00

29288.43

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

81575.00

411226.70

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

81575.00

411226.70

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	11088.11	104648.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	11088.11	104648.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	145000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1000.00	1000.00
29. Other Disbursements	0.00	10000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	27088.11	260648.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27088.11	260648.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	71600.00	381938.27
34. Total Contribution Refunds (from Line 28(d))	1000.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70600.00	380938.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	11088.11	104648.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	11088.11	104648.51

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. William P. Lauder

Mailing Address 767 Fifth Avenue
40th Floor

City State Zip Code
NEW YORK NY 10153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Estee Lauder Companies, Inc.

Occupation

EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 27 2014

Transaction ID : 40807.C4735

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 24
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. ABBOTT LABORATORIES EMPL. PAC

Mailing Address 100 ABBOT PARK RD

City State Zip Code
NORTH CHICAGO IL 60064-6028

FEC ID number of contributing
federal political committee.

C C00040279

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 27 2014

Transaction ID : 40807.C4738

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

B. AMERICAN RESORT DEVELOPMENT ASSOCIATION

Mailing Address PAC (ARDA ROC-ROC PAC)
1201 15th Street, NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00129932

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 27 2014

Transaction ID : 40807.C4732

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

C. JOHNSON & JOHNSON PAC

Mailing Address ONE JOHNSON & JOHNSON PLAZA
WT 405

City State Zip Code
NEW BRUNSWICK NJ 08933-7204

FEC ID number of contributing
federal political committee.

C C00010983

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 27 2014

Transaction ID : 40807.C4743

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 8 OF 24

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. THE WALT DISNEY COMPANY EMPLOYEES PAC

Mailing Address 425 3rd Street, SW
Suite 1100

City State Zip Code
WASHINGTON DC 20024

FEC ID number of contributing
federal political committee.

C C00197749

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

07 / **27** / **2014**

Transaction ID : 40807.C4730

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

B. AMGEN PAC

Mailing Address ONE AMGEN CENTER DRIVE

City State Zip Code
NEWBURY PARK CA 91320-1789

FEC ID number of contributing
federal political committee.

C C00251876

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

07 / **27** / **2014**

Transaction ID : 40807.C4744

Amount of Each Receipt this Period

3000.00

Receipt

Full Name (Last, First, Middle Initial)

C. MASSACHUSETTS MUTUAL LIFE INS. CO-PAC

Mailing Address 1295 STATE ST

City State Zip Code
SPRINGFIELD MA 01111

FEC ID number of contributing
federal political committee.

C C00118943

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

07 / **27** / **2014**

Transaction ID : 40807.C4745

Amount of Each Receipt this Period

3000.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. ERNST & YOUNG PAC

Mailing Address 1101 New York Ave NW

City

Washington

State

DC

Zip Code

20005-4269

FEC ID number of contributing
federal political committee.

C

C00227744

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2014

Transaction ID : 40807.C4728

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

B. AMERICAN COLLEGE OF RADIOLOGY ASSOC.

Mailing Address POLITICAL ACTION COMMITTEE
1891 PRESTON WHITE DR

City

RESTON

State

VA

Zip Code

20191

FEC ID number of contributing
federal political committee.

C

C00343459

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2014

Transaction ID : 40807.C4746

Amount of Each Receipt this Period

4000.00

Receipt

Full Name (Last, First, Middle Initial)

C. THE HARTFORD ADVOCATES FUND

Mailing Address 690 Asylum Avenue

City

HARTFORD

State

CT

Zip Code

06115

FEC ID number of contributing
federal political committee.

C

C00168864

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2014

Transaction ID : 40807.C4740

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

11500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. HEALTHSOUTH PAC

Mailing Address 3660 Grandview Parkway
Suite 200

City State Zip Code
BIRMINGHAM AL 35243

FEC ID number of contributing
federal political committee.

C C00414649

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
07 / 27 / 2014

Transaction ID : 40807.C4733

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

B. FED OF AMERICAN HOSPITALS PAC

Mailing Address 750 9TH ST, NW, STE 600

City State Zip Code
WASHINGTON DC 20001-4524

FEC ID number of contributing
federal political committee.

C C00002261

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
07 / 27 / 2014

Transaction ID : 40807.C4737

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

C. AmerisourceBergen Corporation PAC

Mailing Address 1300 Morris Drive
Suite 100

City State Zip Code
WAYNE PA 19087

FEC ID number of contributing
federal political committee.

C C00400929

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
07 / 27 / 2014

Transaction ID : 40807.C4742

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

8500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. CALIFORNIA DAIRIES FEDERAL PAC

Mailing Address 475 South Tegner Road

City State Zip Code
TURLOCK CA 95380-9406

FEC ID number of contributing
federal political committee.

C C00349746

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

07 / **27** / **2014**

Transaction ID : 40807.C4739

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

B. AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Mailing Address 1061 American Lane

City State Zip Code
SCHAUMBURG IL 60173-4973

FEC ID number of contributing
federal political committee.

C C00255752

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

07 / **27** / **2014**

Transaction ID : 40807.C4725

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

C. INVESTMENT COMPANY INSTITUTE PAC

Mailing Address 1401 H STREET, NW
SUITE 1200

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00105981

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

07 / **27** / **2014**

Transaction ID : 40807.C4731

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

10000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. The Society of Thoracic Surgeons PAC

Mailing Address 20 F Street, NW
Suite 310C

City State Zip Code
WASHINGTON DC 20001-6704

FEC ID number of contributing
federal political committee.

C C00325936

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

07 / **27** / **2014**

Transaction ID : 40807.C4726

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

B. National Emergency Medicine PAC - NEMPAC

Mailing Address PO Box 619911

City State Zip Code
DALLAS TX 75261-9911

FEC ID number of contributing
federal political committee.

C C00140061

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

07 / **27** / **2014**

Transaction ID : 40807.C4727

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

C. Thrivent Financial for Lutherans PAC

Mailing Address PO Box 1892

City State Zip Code
APPLETON WI 54912

FEC ID number of contributing
federal political committee.

C C00121319

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / **27** / **2014**

Transaction ID : 40807.C4736

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 24

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. National Community Pharmacists Assoc PAC

Mailing Address 100 Daingerfield Road

City	State	Zip Code
ALEXANDRIA	VA	22314-2888

FEC ID number of contributing federal political committee.

C C00030809

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

07 / **27** / **2014**

Transaction ID : 40807.C4724

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

B. Takeda Pharmaceutical America, Inc. PAC

Mailing Address 750 9th Street, NW
Suite 575

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing federal political committee.

C C00441733

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / **27** / **2014**

Transaction ID : 40807.C4729

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

C. Mimedx Group, Inc. PAC

Mailing Address 1775 West Oak Commons Court

City	State	Zip Code
MARIETTA	GA	30062

FEC ID number of contributing federal political committee.

C C00557298

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

07 / **27** / **2014**

Transaction ID : 40807.C4734

Amount of Each Receipt this Period

2600.00

Receipt

SUBTOTAL of Receipts This Page (optional).....▶

8600.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 24

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. MacAndrews & Forbes Holdings Inc. PAC

Mailing Address 35 East 62nd Street

City State Zip Code
 New York NY 10065

FEC ID number of contributing
federal political committee.

C C00432856

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

07 / **27** / **2014**

Transaction ID : 40807.C4741

Amount of Each Receipt this Period

1500.00

Receipt

Full Name (Last, First, Middle Initial)

B. Celgene Corporation PAC

Mailing Address 86 Morris Avenue

City State Zip Code
 SUMMIT NJ 07901

FEC ID number of contributing
federal political committee.

C C00514331

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

07 / **30** / **2014**

Transaction ID : 40807.C4747

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

4000.00

TOTAL This Period (last page this line number only)..... ►

70600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 24

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. HATCH VICTORY COMMITTEE

Mailing Address 228 S. WASHINGTON ST, #115

City	State	Zip Code
ALEXANDRIA	VA	22314-

FEC ID number of contributing federal political committee.

C C00495564

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

29288.43

Date of Receipt

07 / **31** / **2014**

Transaction ID : 40807.C4750

Amount of Each Receipt this Period

9975.00

Transfers From Affil./Auth.

Full Name (Last, First, Middle Initial)

B. Holloway Frost

Mailing Address PO Box 667

City	State	Zip Code
HOUSTON	TX	77001-

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

07 / **24** / **2014**

Transaction ID : 40807.C4753

Amount of Each Receipt this Period

5000.00

Transfer Memo

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Kathaleen Wall

Mailing Address PO Box 667

City	State	Zip Code
HOUSTON	TX	77001-

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

07 / **24** / **2014**

Transaction ID : 40807.C4754

Amount of Each Receipt this Period

5000.00

Transfer Memo

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9975.00

9975.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

ORRINPAC

A. The Larrison Group LLC

Mailing Address PO Box 3986

City	State	Zip Code
Washington	DC	20027-

Purpose of Disbursement

Fundraising Consulting

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 40808.E2916

Amount of Each Disbursement this Period

6500.00

FUNDRAISING CONSULTING

Full Name (Last, First, Middle Initial)

B. First Bankcard

Mailing Address PO Box 2818

City	State	Zip Code
OMAHA	NE	68103-2818

Purpose of Disbursement
Credit Card Payment: See Below

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

07 / 28 / 2014

Transaction ID : 40808.E2905

Amount of Each Disbursement this Period

137.58

CREDIT CARD PAYMENT: SEE BELOW

Full Name (Last, First, Middle Initial)

C. Robert Porter

Mailing Address 1011 Arlington Boulevard
#630

City	State	Zip Code
ARLINGTON	VA	22209-

Purpose of Disbursement
Travel Reimbursement: See Below

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 40808.E2907

Amount of Each Disbursement this Period

75.83

TRAVEL REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

6713.41

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 24

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. Enterprise Rent-A-Car

Mailing Address 776 N Terminal Drive

City

SALT LAKE CITY

State

UT

Zip Code

84122-7003

Purpose of Disbursement

Rental Car

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
05D D D /
10Y Y Y Y Y Y
2014**Transaction ID : 40811.E2918**

Amount of Each Disbursement this Period

53.31

[MEMO ITEM]

MEMO: RENTAL CAR

Full Name (Last, First, Middle Initial)

B. ARISTOTLE

Mailing Address 205 Pennsylvania Ave, SE

City

WASHINGTON

State

DC

Zip Code

20003-

Purpose of Disbursement

Software

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
07D D D /
14Y Y Y Y Y Y
2014**Transaction ID : 40808.E2910**

Amount of Each Disbursement this Period

575.00

SOFTWARE

Full Name (Last, First, Middle Initial)

C. John Tanner

Mailing Address 2139 Haycock Road

City

FALLS CHURCH

State

VA

Zip Code

22043-

Purpose of Disbursement

Reimbursement: See Below

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
07D D D /
28Y Y Y Y Y Y
2014**Transaction ID : 40808.E2914**

Amount of Each Disbursement this Period

519.70

REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1094.70

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. Hillsdale College

Mailing Address 33 East College Street

City HILLSDALE State MI Zip Code 49242-

Purpose of Disbursement
Books for Staff Retreat

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 16 / 2014
Transaction ID : 40811.E2926

Amount of Each Disbursement this Period

315.00

[MEMO ITEM]

MEMO: BOOKS FOR STAFF RETREAT

Full Name (Last, First, Middle Initial)

B. First Bankcard

Mailing Address PO Box 2818

City OMAHA State NE Zip Code 68103-2818

Purpose of Disbursement
Credit Card Payment: See Below

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2014
Transaction ID : 40808.E2902

Amount of Each Disbursement this Period

381.03

CREDIT CARD PAYMENT: SEE BELOW

Full Name (Last, First, Middle Initial)

C. Sofitel Hotel

Mailing Address 45 W 44th Street

City NEW YORK State NY Zip Code 10036-

Purpose of Disbursement
Hotel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2014
Transaction ID : 40811.E2927

Amount of Each Disbursement this Period

381.03

[MEMO ITEM]

MEMO: HOTEL

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

381.03

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 24

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. PCI Payment Solutions

Mailing Address 902 Chinquapin Road

City
MC LEANState
VAZip Code
22102-Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 02 2014
Transaction ID : 40808.E2901

Amount of Each Disbursement this Period

105.00

CREDIT CARD PROCESSING FEE

Full Name (Last, First, Middle Initial)

B. Robert PorterMailing Address 1011 Arlington Boulevard
#630City
ARLINGTONState
VAZip Code
22209-Purpose of Disbursement
Travel Reimbursement: See Below

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 28 2014
Transaction ID : 40808.E2908

Amount of Each Disbursement this Period

297.91

TRAVEL REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial)

C. FedExMailing Address 3875 Airways Boulevard
FL H3City
MEMPHISState
TNZip Code
38116-5070Purpose of Disbursement
Shipping

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
06 12 2014
Transaction ID : 40811.E2921

Amount of Each Disbursement this Period

31.49

[MEMO ITEM]
MEMO: SHIPPING**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

402.91

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 24

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. Loews Vanderbilt Hotel

Mailing Address 2100 West End Avenue

City NASHVILLE State TN Zip Code 37203-

Purpose of Disbursement
Hotel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 11 / 2014
Transaction ID : 40811.E2922

Amount of Each Disbursement this Period

266.42

[MEMO ITEM]

MEMO: HOTEL

Full Name (Last, First, Middle Initial)

B. First Bankcard

Mailing Address PO Box 2818

City OMAHA State NE Zip Code 68103-2818

Purpose of Disbursement
Credit Card Payment: See Below

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2014
Transaction ID : 40808.E2906

Amount of Each Disbursement this Period

413.66

CREDIT CARD PAYMENT: SEE BELOW

Full Name (Last, First, Middle Initial)

C. We, the Pizza

Mailing Address 305 Pennsylvania Avenue, SE

City WASHINGTON State DC Zip Code 20003-

Purpose of Disbursement
Meals

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2014
Transaction ID : 40811.E2930

Amount of Each Disbursement this Period

404.43

[MEMO ITEM]

MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

413.66

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

ORRINPAC

A. First Bankcard

Category/
Type

71.00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

CREDIT CARD PAYMENT: SEE BELOW

B. Senate Dining Services

MM / DD / YYYY

Category/
Type

71.00

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

[MEMO ITEM]
MEMO: MEALS

C. First Bankcard

Category/
Type

1985.42

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

CREDIT CARD PAYMENT: SEE BELOW

2056.42

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

ORRINPAC

A. UNITED AIRLINES

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

581.49

[MEMO ITEM]
MEMO: AIRFARE

B. Senate Dining Services

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

1104.00

[MEMO ITEM]
MEMO: FOOD FOR MEETINGS

C.

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

1. *Journal of Management Studies*, 1996, 33, 1.

0.00

11062.13

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. Perdue for SenateMailing Address 3110 Maple Drive NE
Suite 400

City ATLANTA State GA Zip Code 30305-2650

Purpose of Disbursement
GENERAL 2014

Candidate Name

DAVID PERDUEOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Transaction ID : 40808.E2911

Amount of Each Disbursement this Period

5000.00

GENERAL 2014

Full Name (Last, First, Middle Initial)

B. Perdue for SenateMailing Address 3110 Maple Drive NE
Suite 400

City ATLANTA State GA Zip Code 30305-2650

Purpose of Disbursement
PRIMARY 2014 - DEBT

Candidate Name

DAVID PERDUEOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☒ Other (specify) ▼
Primary Debt Retirem

State: GA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Transaction ID : 40808.E2912

Amount of Each Disbursement this Period

5000.00

PRIMARY 2014 - DEBT

Full Name (Last, First, Middle Initial)

C. Perdue for SenateMailing Address 3110 Maple Drive NE
Suite 400

City ATLANTA State GA Zip Code 30305-2650

Purpose of Disbursement
RUN-OFF 2014 - DEBT

Candidate Name

DAVID PERDUEOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☒ Other (specify) ▼
Run-Off Debt Retirem

State: GA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Transaction ID : 40808.E2913

Amount of Each Disbursement this Period

5000.00

RUN-OFF 2014 - DEBT

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00
15000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. AMERICAN COLLEGE OF RADIOLOGY ASSOC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2014

Mailing Address POLITICAL ACTION COMMITTEE
1891 PRESTON WHITE DR

City RESTON State VA Zip Code 20191-

Purpose of Disbursement
Refund of Contribution Stop Payment

010

Transaction ID : 40807.E2899

Amount of Each Disbursement this Period

1000.00

Candidate Name
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION COMMITTEECategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

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Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

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Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

1000.00
